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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	
	Filing Date	
	First Named Inventor	Jack Vanderhoek
	Art Unit	
	Examiner Name	
	Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.								
A Power of Attorney is submitted herewith.								
OR I hereby appoint the practitioners associated with the			tomer N	mer Number: 50,438				
✓ Please change the correspondence address for the above-identified application to: ✓ The address associated with								
OR Custon	ner Number:	50.4	38					
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I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SS/96)								
SIGNATURE of Applicant of Assignee of Record								
Signature	West 7. U.	Licher						
Name	TACKY U	KNOERHOEK						
Date ,	810106	1	elephon	e 202 g	94	2929		
NOTE. Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
*Trivial of forces are exhaulted								

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